Massachusetts Department of Public Health
Massachusetts Immunization Program (MIP)

MODEL STANDING ORDERS

Live Attenuated Influenza Vaccine (LAIV) (FluMist®)

These model standing orders are current as of September 2006. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

Live Attenuated Influenza Vaccine (LAIV) is indicated for ***healthy*** people 5 – 49 years of age, including:

- Health care workers and others with close contact with groups at risk.
- Those wanting to avoid influenza.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. VIS's in English and other languages are available from MDPH and online at http://www.immunize.org/vis.
2. Screen for contraindications according to Table 1.
3. After proper thawing (see guidance in **LAIV Storage and Handling** box below), administer live attenuated influenza vaccine intranasally, according to the recommended age-specific dose and schedule (Table 2).

   Note: Severely immunocompromised persons should not administer LAIV. However, other persons at risk for complications from influenza, including those with mild immunosuppression or who are pregnant or ≥ 50 years of age, can administer LAIV.

   Note: Gloves are not necessary when administering LAIV.

   Administration instructions:

   - Place the recipient in an upright position.
   - Remove the rubber tip protector from the LAIV sprayer.
   - Place the tip just inside the first nostril.
   - Rapidly depress the plunger until the dose-divider clip prevents you from gong further.
   - Pinch and remove the dose-divider clip from the plunger.
   - Place the tip just inside the other nostril and rapidly depress the plunger to deliver the remaining 0.25 mL dose, for a total dose of 0.5 mL.
   - If the vaccine recipient sneezes after administration, the dose should not be repeated.

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4. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
5. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
6. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or http://www.vaers.hhs.gov/.

See the MIP document *General Protocols for Standing Orders* for further recommendations and requirements regarding vaccine administration, documentation and consent.

Always check the package insert prior to administration of any vaccine.

- **Other Vaccines**
  LAIV can be administered concurrently with other inactivated and live vaccines. However, live vaccines not given on the same day should be administered ≥ 4 weeks apart.
- **Influenza Antiviral Medications**
  LAIV should not be given until ≥ 48 hours after the last dose of influenza antiviral agents (amantadine, rimantadine, oseltamivir, zanamivir), and antiviral agents should not be administered for ≥ 2 weeks after receipt of LAIV.

LAIV Storage and Handling

• LAIV must be stored at minus 15° C or 5° F or colder. Any freezer (e.g., chest, frost-free) that reliably maintains an average temperature of –15° C (+5° F) and has a separate sealed freezer door is acceptable for storing Flu Mist.
• LAIV must be thawed prior to administration by either:
  ◦ Holding the individual sprayer in the palm of the hand and supporting the plunger rod with the thumb for 1 to 3 minutes (do not roll sprayer or depress plunger), OR
  ◦ Thawing in a refrigerator and storing at 2 - 8°C (36 - 46°F) for ≤ 60 hours prior to use.
• Do not refreeze after thawing.
• Because this vaccine is so temperature-sensitive, it is not advisable to take it off site away from freezer or refrigeration.
 	
NOTE: For additional information regarding product storage and stability, contact Medimmune at 1-877-358-6478 or online at http://www.FluMist.com.

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Table 1. Contraindications and Precautions to Live Attenuated Influenza Vaccine

Valid Contraindications for Live Attenuated Influenza Vaccine	Precautions
Anaphylactic reaction to a previous dose of influenza vaccine, egg protein, gentamicin or any other component of the vaccine (see package insert for specific components)	Taking influenza antiviral medications[2]
Age < 5 and > 49 years of age	Postpone administration of LAIV until 72 hours after the acute phase of respiratory or febrile illness
History of asthma or reactive airway disease or other chronic disorders of the pulmonary or cardiac systems	Defer administration if nasal congestion present
Diabetes or other metabolic diseases	Moderate or severe illness with or without fever
Renal dysfunction	
Hemoglobinopathies	
Immunodeficiency caused by disease or treatment	
Aged 5 – 17 years of age and receiving aspirin or other salicylates	
History of Guillain-Barré syndrome	
Pregnancy	
Household or other close contact of a person with severe immunosuppression requiring a protective environment [1]	

[1] Use of inactivated influenza vaccine is preferred over live intranasal vaccine for health care workers, household contacts and anyone coming into close contact with severely immunocompromised persons **during periods when such patients require care in a protected environment**

[2] Because antivirals reduce replication of influenza viruses, LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy, and influenza antiviral medications should not be administered for 2 weeks after receipt of LAIV.

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Tuberculosis Skin Testing (PPD) and LAIV

LAIV can be given on the same day as a PPD, or anytime after a PPD is applied. If the PPD cannot be applied before or on the same day as LAIV is administered, defer the PPD until at least 4 weeks after administering LAIV.

Table 2. Live Attenuated Influenza Vaccine Dosage, by Age Group

Age Group	Vaccination Status	Dose/Schedule[1]
5 – 8 years	Not previously vaccinated with either LAIV or inactivated influenza vaccine	2 doses (0.5 mL each), 6 – 10 weeks apart
5 – 8 years	Previously vaccinated with either LAIV or inactivated influenza vaccine	1 dose (0.5 mL) per season
9 - 49 years	Not applicable	1 dose (0.5 mL) per season

[1] One dose equals 0.5 mL, divided equally between each nostril.

Note: Any health care provider can administer LAIV. This includes persons at high risk for influenza complications who cannot themselves receive LAIV (e.g., pregnant women, persons with asthma, etc.) and persons ≥ 59 years of age.

The only persons who should not administer LAIV are those who are severely immunocompromised themselves.

Neither masks nor gloves are necessary when administering LAIV.

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Clinician's Signature Date